Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/06/2010</u>	Address:	CR SW 60 south of Park Rd
Case #:	<u>42-31099</u>		Greensburg, IN 47240
County;	Decatur		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operation Chemic Dumpsi	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Open Air			
Red Phosphorous/Iodine Reaction(s);			
Flammable Solvents: Open Air			
Water Reactive Metal (Lithium): Open Air			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Open Air			
Corrosive Acid: Open Air			
Corrosive Base: Open Air			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrind ☐ Retail/Mo	e Information e/Pseudoephedrine Tracking Log erchant Tip w Enforcemnet
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Greensburg FD	Fax: (812) 663-6887	
Health Depa	urtment: Decatur County	Fax: <u>(812)</u> Fax: <u>N</u> /A	5 <u>63-4174</u>
Child Protec	ction Service: N/A	a.* 1	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Franklin Phone (765) 825-2115			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.